STATE OF MARYLAND—CERTIFICATE OF DEATH

06664

1. PLACE OF DEATH

County: A. A. Co. Registration Dist. No. 21

Village or City: Annapolis No. 79 Washington St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Adams

(a) Residence: No. 79 Washington St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): July 18-1939

7. AGE: Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Non

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

FATHER

13. NAME: Laurence Adams

14. BIRTHPLACE (city or town) (State or country): Annapolis Md.

MOTHER

15. MAIDEN NAME: Elizabeth Taylor

16. BIRTHPLACE (city or town) (State or country): Annapolis Md.

17. INFORMANT (Address): Laurence Adams 79 Washington

18. BURIAL, CREMATION, OR REMOVAL

Place: Bunn Hill Date: July 5 1939

19. UNDERTAKER (Address): Chas E Hicks Jr. Annapolis Md.

20. FILED 7-14, 1939 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Still Born

Other Contributory Causes of Importance:

No Doctor present

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) J J Murphy M. D.

(Address) Register

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21

CERTIFICATE OF DEATH

06665

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.

(e) Length of stay in this community (yrs., mos., or days) 2 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 709 N. Gilmor Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME ROBERT ANDERSON

3 (b) If veteran, name war Unknown

3 (c) Social Security No. Unknown

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 57 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business -------

FATHER 12. Name Charles Anderson

13. Birthplace Maryland

MOTHER 14. Maiden Name Pet Magge

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Westport

18 (a) Funeral director A. A. Gaddis

(b) Address McCulloh & Bloom st

19 (a) 7/15-9 (Date rec'd by registrar) (b) E. F. Joyce D.H. Registrar

MEDICAL CERTIFICATION

20. Date of death July 11th 1939, at 3:30P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1936, to Jul. 11 1939, and that I last saw him alive on Jul. 11 1939.

Immediate cause of death Tubercular abscess

Due to Pulmonary tuberculosis

Due to ----

Other conditions ------

(Include pregnancy within 3 months of death)

Major findings:

Of operations --------

Of autopsy -------

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ----

(b) Date of occurrence ------

(c) Where did injury occur? -------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------ (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed Jul. 11, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

66666

(131)

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Annapolis - Emergency No. Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adell Bailey If U. S. Veteran, specify WAR

(a) Residence: No. 44 Calvert St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bailey

6. DATE OF BIRTH (month, day, and year) Nov. 28th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis (State or country) Md.

FATHER

13. NAME Chester Parker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amina Colbert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilbert Dennis (Address) 44 Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Brewers Hill Date 7/26, 1939

19. UNDERTAKER Samuel W. Sullivan Jr. (Address) 238 N. Gilmor St. - Balto

20. FILED 7-25, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1939, to July 23, 1939

I last saw h-- alive on July 23, 1939; death is said to have occurred on the date stated above, at 7.30 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chr. Nephritis c. Hypertension	?
Uraemic Coma.	7/22
a. Cardiac Dilatation	7/23.

Other **Contributory Causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin & Lab Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Maurice F. Kavanaugh M. D.

(Address) 31 Southgate Av.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21

06667

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville State Hospital (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months

(e) Length of stay in this community (yrs., mos., or days) 29 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore County

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. N. Paradise ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Randolph Barnes

3 (b) If veteran, name war unknown

3 (c) Social Security No. unknown

4. Sex male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 53 Months ? Days ? If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER

12. Name James Henry Barnes

13. Birthplace unknown

MOTHER

14. Maiden Name Mary Cageer

15. Birthplace unknown

16 (a) Informant Records, Hospital

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 12 (day) 39 (year)

(c) Cemetery or crematory Ellicott City, Md

Location Ellicott City, Md

18 (a) Funeral director F. C. Highbottom Jr.

(b) Address Ellicott City, Md.

19 (a) 7/9-39 (Date rec'd by registrar) (b) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. Date of death July 8 1939, at 9 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Febr. 9. 1939, to July 8 1939, and that I last saw him alive on July 8 1939.

Immediate cause of death general paresis of the insane

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herb F. Winkrode M. D. or other

Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 20 1939
BUREAU V. S.

06668

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Bell If U. S. Veteran, specify WAR World War

(a) Residence: No. 2017 Lafayette Ave St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Catherine Bell

6. DATE OF BIRTH (month, day, and year): Dec 17th 1897

7. AGE: Years 41 Months 8 Days 10 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Engineer on Pile

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Driving Crane

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bowie Md

FATHER

13. NAME: Charles Edward Bell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Anna Cooksey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Margaret C. Bell (Address) 2017 East Lafayette Ave Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Md. Date July 7th, 1939

19. UNDERTAKER: Lilly & Zeller & Co Inc. (Address) 403 S. Wolfe St Balto Md

20. FILED 7 5, 1939 J. J. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture Anterior Portion Skull. Hernia of the brain.

Date of onset: 7/4/39

Other Contributory Causes of importance: Hemorrhage

Name of operation: no Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/4, 1939

Where did injury occur? Mago Vista, A.A. County Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. on Beach at Mago Vista

Manner of injury: fireworks, explosion of aerial bomb

Nature of injury: explosion of aerial bomb

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffy Dep. Medical Examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 11 1928
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06669

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 1 mo. 11 das.

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Anne Arundel

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1717 Brentwood Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: EVELYN BOND

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	black	widowed

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1899

8. AGE: Years: 40 Months: Unknown Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: -----

FATHER
12. Name: Steven Bond
13. Birthplace: Unknown

MOTHER
14. Maiden name: Frances (Unknown)
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof: 7/20-9 (month) (day) (year)

Cemetery or ~~crematory~~: Hospital

Location: Crownsville Md

19. Funeral director: Supt.
Address: Crownsville Md

19. 7/20-9 19 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17th 1939, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6th 1938, to July 17 1939, and that I last saw her alive on July 17th 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: ?

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ----- Date of

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: ----- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 7/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06670

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 129 Chesapeake Ave. Eastport, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Bowen

3. (b) Social Security Number

WITHIN CORPORATE LIMITS

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 21, 1939

8. AGE: Years: None | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Annapolis, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Emory G. Bowen Jr.
13. Birthplace: Eastport, Md.

MOTHER
14. Maiden name: Marion V. Fowler
15. Birthplace: Calvert Co. Md.

16. Informant: Emory G. Bowen Jr.
Address: Eastport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21, 1939 (month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemetery

Location: Annapolis, Md.

18. Funeral director: John M. Taylor
Address: Annapolis, Md.

19. 7 21 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1939, at 3:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still Farm 19 ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____.

Immediate cause of death: Still Farm

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: E. Lenhardt MD
M. D. or other

Address: Eastport Date signed: 7-21-39

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06671

Reg. Dist. No. 5-1

1. PLACE OF DEATH:

County: Anne Arundel

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 yrs. 3mos. 14 das.

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

City or town: Frederick Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 617 Klinehart Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: MARY BROWN #$ (Mary Jane)

3. (b) Social Security Number: -----

4. Sex: female

5. Color or race: black

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1867

8. AGE: Years: 72 ? Months: Unknown Days: If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Crownsville Hospital Cem (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/3-9 (month) (day) (year)

Cemetery or crematory:

Location: Crownsville Md

18. Funeral director: Supt.

Address: Crownsville Md

19. 8/3-9 19 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30th 1939, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16th 1932, to July 30th 1939, and that I last saw her alive on July 30th 1939.

Immediate cause of death: Broncho pneumonia — DURATION: 2 das

Due to:

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -----

Of autopsy: -----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ----

Means of injury: Injured at work? -----

23. SIGNATURE: Herb P. Smith Brooks M. D. or other

Address: Crownsville, Md. Date signed: 8/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1939
BUREAU V. S.

06672

STATE OF MARYLAND—CERTIFICATE OF DEATH

(213-d)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Orchard Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Antone Buhin If U. S. Veteran, specify WAR

(a) Residence: No. Balto. City Hospital St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, and year) July date unknown 1888

7. AGE Years ~~40~~ 51 Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. City Hospital Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Austria Hungary Now ~~Hungary~~ Yugoslavia

FATHER

13. NAME Joseph Buhin

14. BIRTHPLACE (city or town) (State or country) Austria Hungary Now Yugoslavia

MOTHER

15. MAIDEN NAME Katherine Djurasek

16. BIRTHPLACE (city or town) (State or country) Austria Hungary Now Yugoslavia

17. INFORMANT Mr Marko Buhin (Address) 1817 N. Calvert St Balto. Md.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Place St. Leucoln Date not buried, 19

19. UNDERTAKER (Address) 520 Bladensburg Road Thomas W. Pugleton Glen Burnie, Md.

20. FILED July 31, 1939 M. R. DeAlba Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post. Mortem exam, 19 to July 30. 1939, 19

I last saw h alive on July 30. 1939, 19; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning	7/27/39

Other Contributory Causes of Importance:

Was swimming, water rough and boat from which he left dragged anchor

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/27, 1939

Where did injury occur? off White Rocks, north of Rock Creek (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Drowning

Nature of injury accidental

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffy Deputy medical M. D.

(Address) Annapolis, Md. Examiner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 1, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06673

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 11 mos. 3 das.

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: A. A.

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 163 Gloucester St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: (CLARENCE) FRANK BURGESS (NICHOLS)

3. (b) Social Security Number: Unknown

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: -------

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1899

8. AGE: Years: 40 Months: Unknown Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Tailor

11. Industry or business: -----

FATHER
12. Name: Willie Burgess
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Johnson
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 23, 1939 (month) (day) (year)

Cemetery or crematory: Brewer Hill Cemetery

Location: Annapolis, Maryland

18. Funeral director: Charles Hicks
Address: Annapolis, Maryland

19. 7 22 1939
(Date rec'd by registrar)
[signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20th 1939, at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 17th 1938, to July 20th 1939, and that I last saw him alive on July 20th 1939.

Immediate cause of death: General Paresis

Due to

Due to

Other conditions: General debility due to excitement and starvation
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ------

Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 7/20/39

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

06674

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel — WITHIN CORPORATE LIMITS OF — Registration Dist. No. 21

Village or City Annapolis — No. Emergency Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harry Burgess — If U. S. Veteran, specify WAR

(a) Residence: No. 610 Reservoir St Balt Md St., Ward. Reservoir (Usual place of abode) — If nonresident give city or town and State

S. Ward Security 220-09-0376

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, and year): Dec. 18, 1866

7. AGE: Years 73 — Months 7 — Days 6 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland ~~Arundel~~ Robt Burgess

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown Mille Parker

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Ward. 610 Resevoir St

18. BURIAL, CREMATION, OR REMOVAL — Place: Moreland Park — Date: July 26, 1939.

19. UNDERTAKER (Address): William Cook. 1217 St Paul St Balt Md.

20. FILED: 7-24, 1939 J J Mimpf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ only, ~~19~~ to July 24, 1939

I last saw him alive on July 24, 1939; death is said to have occurred on the date stated above, at 1 P.M. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Probably precipitated by over exertion

(Signed) Samuel M. Reichel M.D. M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06675

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 days.

Stay in this community (yrs., or mos., or days): 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: None Arundel

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 3022 W. Landale St. Baltimore, Md. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles C. Cadwell

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Florence M. Cadwell

Dead 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 27, 1874

8. AGE:

Years	Months	Days	If less than one day
65	no.	8	____ hrs. ____ min.

9. Birthplace: Baltimorem Md. (Town, county, and state)

10. Usual occupation: Real Estate Retired.

11. Industry or business

FATHER
12. Name: Henry A. Cadwell
13. Birthplace: New York City

MOTHER
14. Maiden name: Margaret F. Killmon
15. Birthplace: Royal Oak, Md.

16. Informant: Cardiss L. Cadwell

Address: 3022 W. Landale St. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1939 (month) (day) (year)

Cemetery or crematory: Easton

Location: Easton, Maryland

18. Funeral director: John M. Taylor

Address: Annapolis, Md.

19. 7-7 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5 1939, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 5 1939, and that I last saw him alive on July 5 1939.

Immediate cause of death: 1) Myocardial Insufficiency — DURATION: 4 yrs.

Due to: Arteriosclerotic C.V.R disease

Due to: 2) Gangrene of bladder due to acute retention due to Benign prostatic hypertrophy — 4 days. 2 wks.

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: Gangrene of bladder July 3-1939

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: E. Lenhardt Md. M. D. or other

Address: Eastport Md. Date signed 7-6-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T.T

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06676

1. PLACE OF DEATH (93-L)

County Anne Arundel Registration Dist. No. 4

Village or City Skidmore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thornley Colvert If U. S. Veteran, specify WAR

(a) Residence: No. Skidmore, A.A.Co. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1897

7. AGE: Years 41 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Poultry farm

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Skidmore, A.A.Co., Maryland

FATHER

13. NAME Thomas Colvert

14. BIRTHPLACE (city or town) (State or country) Skidmore Md.

MOTHER

15. MAIDEN NAME Elizabeth Hensen

16. BIRTHPLACE (city or town) (State or country) Skidmore Md

17. INFORMANT (Address) Bessie Green Skidmore

18. BURIAL, CREMATION, OR REMOVAL Place Broadneck Date July 12, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED 7-12, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h aliva on , 19 ; death is said to have occurred on the date stated above, at 5 A.m. Post mortem examination

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute myocardial disease (sudden death)	7/10/39
Other Contributary Causes of Importance:	
Chronic Myocardial disease	1933

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Sudden death

Nature of injury Heart attack

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify John M. Claffey

(Signed) Deputy Medical Examiner M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83)

Reg. Dist. No. 21

CERTIFICATE OF DEATH

06677

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.

(e) Length of stay in this community (yrs., mos., or days) 7 mos. 26 das

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town 2204 Division Street (If outside city or town limits, write RURAL and give town)

(d) Street No. 2204 Division Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME JAMES CAMPBELL

3 (b) If veteran, name war ----

3 (c) Social Security No. -----

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. separated

6 (b) Name of ~~husband or~~ wife Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 38 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Bell-boy

11. Industry or business ------

FATHER

12. Name Robert Campbell

13. Birthplace Maryland

MOTHER

14. Maiden Name Catherine (Unknown)

15. Birthplace North Carolina

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 7-6-9 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto Md

18 (a) Funeral director Mrs. Glatt Holland

(b) Address 1631 Druid Hill ave.

19 (a) 7/5/9 (Date rec'd by registrar) (b) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death July 3rd 1939, at 11:10P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7th 1934, to July 3rd, 1939 and that I last saw him alive on July 3rd 1939.

Immediate cause of death General paralysis of the insane

Due to Lues

Due to

Other conditions ----

(Include pregnancy within 3 months of death)

Major findings:

Of operations -------

Of autopsy -------

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -------

(b) Date of occurrence -------

(c) Where did injury occur? ------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ---------- (Specify type of place) While at work? ----

(e) Means of injury ----

23. Signature [signature] Crownsville, Maryland (Male or other)

Address July 3rd, 1939 Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1939
BUREAU V. S.

06678

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 9 mos. 6 das

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore City Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 573 Baker Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: CHARLES COLE

3. (b) Social Security Number: ----

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	widowed

6 (b) ~~Name of husband~~ or wife: Cassie Cole

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1897

8. AGE: Years: 62 Months: Unknown Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: ------

FATHER
12. Name: Joseph Cole
13. Birthplace: Maryland

MOTHER
14. Maiden name: Louvina Cook
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof: 7/28-9 (month) (day) (year)

Cemetery or crematory: Sharp St. Cem

Location: Balto

18. Funeral director: Elroy Wilson

Address: 1000 Brantly Ave

19. July 28 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27th 1939, at 7:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21st 1937, to Jul. 27th 1939, and that I last saw him alive on July 27th 1939.

Immediate cause of death: Senility with chronic myocarditis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -------

Of autopsy: --------

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -------

Means of injury: ------- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 7/27/39

VS A15 (T) (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 1

CERTIFICATE OF DEATH

06679

1. PLACE OF DEATH

(a) County: Anne Arundel

(b) City or town: Crownsville State Hospital (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): 3.11.9.

(e) Length of stay in this community (yrs., mos., or days): —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md (b) County:

(c) City or town: Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No.: 833 Druid Hill ave (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME: Jesse Collins

3 (b) If veteran, name war: no

3 (c) Social Security No.: unknown

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Bertha Collins

6. (c) If alive, give age: unknown

7. Birth date of deceased (mo., day, yr.): 1881 ? ?

8. AGE: Years 58 | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business

FATHER

12. Name: Robert Corry Collins

13. Birthplace: Virginia

MOTHER

14. Maiden Name: Ellen Lretchfield

15. Birthplace: Virginia

16 (a) Informant: Records, Hospital

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-39 (month) (day) (year)

(c) Cemetery or crematory: Mt. Auburn

Location: Balto. Md.

18 (a) Funeral director: Mrs. Katie R. Williams

(b) Address: 322 N. Schroeder St.

19 (a) 7/9-9 (Date rec'd by registrar) (b) E F Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death: July 9 1939, at 5:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7.31 1935, to July 9 1939, and that I last saw him alive on July 9 1939.

Immediate cause of death: cerebral hemorrhage

Due to: arteriosclerosis of the brain vessels

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Duration: one day [first stroke 1931]

Major findings:

Of operations: None

Of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: [signature] M. D. or other

Address Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Gen 2039

RECEIVED
JUL 26 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21

CERTIFICATE OF DEATH

06680

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 4 mos. 13 das.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 412 N. Dallas Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME HARRY COLLISON

3 (b) If veteran, name war ----

3 (c) Social Security No. -----

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife ------

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 33 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business ------

FATHER

12. Name Henry Collison

13. Birthplace Maryland

MOTHER

14. Maiden Name Bessie Hill

15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Anne Arundel County

18 (a) Funeral director Robert E. Williams

(b) Address 1515 McElderry St. Balt.

19 (a) 7/14/9 (Date rec'd by registrar) (b) E-T Joyce DK Registrar

MEDICAL CERTIFICATION

20. Date of death July 11th 1939 at 1:45P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1938, to July 11 1939, and that I last saw him alive on July 11 1939.

Immediate cause of death	Duration
General paralysis of the insane	
Due to Lues	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations -----

Of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -----

(b) Date of occurrence ------

(c) Where did injury occur? ----- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ---- (Specify type of place) While at work?

(e) Means of injury -----

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed 7/11/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 24 1939
BUREAU V. S.

06681

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel (2132) Registration Dist. No. 21

Village or City North Severnside No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Darby If U. S. Veteran, specify WAR

(a) Residence: No. 914 Appleton St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy Rome

6. DATE OF BIRTH (month, day, and year): March 4, 1904

7. AGE: Years 35 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: general

10. Date deceased last worked at this occupation (month and year): 7/15/39

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: not known

14. BIRTHPLACE (city or town) (State or country): Fred. Md.

MOTHER

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Dominic Piracci, 1221 W. Balto. St., Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: July 19, 1939

19. UNDERTAKER (Address): Thos. J. Kenny, 1600 Hollins St.

20. FILED 7-17, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on about 19; death is said to have occurred on the date stated above, at 8 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental Drowning	7/16/39
Other Contributory Causes of importance:	
Alcoholism	7/16/39

Name of operation: None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/16/39

Where did injury occur? Severn River (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. at N. Severnside

Manner of injury: Fell over board from row boat

Nature of injury: Drowning.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John M. Claffey, Deputy medical Examiner M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 20 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06682

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Anne Arundel

City or town Three Mile Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

WITHIN CORPORATE LIMITS

3. (a) FULL NAME Joseph Daughtry

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29th 1938

8. AGE: Years 1 Months Days If less than one day hrs. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Joe Edward Daughtry

13. Birthplace Penn.

MOTHER 14. Maiden name Doris Miller

15. Birthplace Annapolis Md.

16. Informant Joe. E. Daughtry

Address Annapolis Md.

17. Burial Date thereof July 31-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery Naval

Location Annapolis Md.

16. Funeral director John M. Taylor

Address Annapolis Md.

19. 7-31 1939 J. J. Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1939, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1939 to July 29 1939, and that I last saw him alive on July 29 1939

	DURATION
Immediate cause of death Pneumococcic Meningitis	14 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. T. Miller, Lieut. (MC) USN
M. D. or other

Address U.S. Naval Academy Date signed 7-31-39

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06683

1. PLACE OF DEATH (212-d)

County Anne Arundel Registration Dist. No.

Village or City Crystal Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Nelson Day, Jr If U. S. Veteran, specify WAR

(a) Residence: No. Jones Station St., Ward. Severna Park Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 27. 1928

7. AGE Years 11 Months 7 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Primary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Nelson Day Sr

14. BIRTHPLACE (city or town) (State or country) Arnold Md

MOTHER

15. MAIDEN NAME Levinia Summerville

16. BIRTHPLACE (city or town) (State or country) Jones Station Md

17. INFORMANT (Address) James Nelson Day Sr Severna Park P.O. Md

18. BURIAL, CREMATION, OR REMOVAL Place Carpenter's Hill Date July 16, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED 7/16, 1939 J. J. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Post-mortem exam , 19 ; death is said to have occurred on the date stated above, at 6 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental Drowning	7/14/39

Other Contributory Causes of importance:

Rode bicycle off end of pier into 20 feet of water	7/14/39

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/14, 1939

Where did injury occur? Crystal Beach (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Went off pier into water riding bicycle

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Dep Med. Examiner M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]Y, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]RD. [illegible]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06684

1. PLACE OF DEATH

County Anne Arundel (119) Registration Dist. No. 21

Village or City Gambrills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Dorsey If U. S. Veteran, specify WAR

(a) Residence: No. Gambrills St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 20 - 1938

7. AGE Years — Months 11 Days 2 - If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Benj Dorsey

14. BIRTHPLACE (city or town) (State or country) Gambrills md

MOTHER

15. MAIDEN NAME Gertrude Anderson

16. BIRTHPLACE (city or town) (State or country) Gambrills md

17. INFORMANT (Address) Benj Dorsey Gambrills md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Tabor Date July 25, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED 7-25, 1939 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 22 - 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to July 22, 1939 I last saw her alive on July 20, 1939 Death is said to have occurred on the date stated above at 6 10 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gastro-enteritis. Duration: one month. W.G.R.

Marasmus

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Lipsitz M. D.

(Address) Baltimore Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]Y, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1930
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06685

(123)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Bay Ridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Dove Jr. If U. S. Veteran, specify WAR

(a) Residence: No. 716 Second St. Eastport Md. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	negro	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 5 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Eastport
(State or country) Md

FATHER

13. NAME Thomas Dove Jr.

14. BIRTHPLACE (city or town) Annapolis
(State or country) Md

MOTHER

15. MAIDEN NAME Katherine Butler

16. BIRTHPLACE (city or town) East Port
(State or country) Md

17. INFORMANT Thomas Dove Jr.
(Address) Eastport Md

18. BURIAL, CREMATION, OR REMOVAL
Place Brewer Hill Date 7-31, 1939

19. UNDERTAKER P. Morton Chase
(Address) 638 N. Gilmor St. Balto.

20. FILED 7-29, 1939 J. J. Murphy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 28 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning	7/28/39

Other Contributory Causes of importance:

Was wading and stepped into hole at Lake Ogleton

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/28 1939

Where did injury occur? Lake Ogleton near Bay Ridge
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Drowning

Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy D.D. Medical Examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06686

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City (Balt. Bay) Sudley No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anne Edmunds.

(a) Residence: No. Washington, D.C. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick S Edmunds

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia, Penna. (State or country)

FATHER

13. NAME William O'Neill

14. BIRTHPLACE (city or town) England. (State or country)

MOTHER

15. MAIDEN NAME Alice Linden.

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Dr. Weaver. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date July 24, 1939

19. UNDERTAKER Martin W. Hysong Co. (Address) 1300 - N St. NW - Wash, D.C.

20. FILED July 24, 1939 W. R. Clayton. Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939, to July 23, 1939

I last saw h- alive on not at all, 19; death is said to have occurred on the date stated above, at 1.30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily H. Wilson, M. D.

(Address) Lothian, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 4 1930
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06687

1. PLACE OF DEATH

County Anne Arundel Co. Registration Dist. No. 21

Village or City Camp Parole No. A.A.A. Ward St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Fleet

(a) Residence: No. Camp Parole - A St., A.A. Ward. Ward —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE Auto

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) July 20, 1939

7. AGE Years July 20, Months 1939 Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Still born Chris

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) Still Born Chris

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Camp Parole (State or country) A.A.A. Ord

FATHER

13. NAME William Raymond Fleet

14. BIRTHPLACE (city or town) Baltimore, Md (State or country)

MOTHER

15. MAIDEN NAME Mary Agnes Beach

16. BIRTHPLACE (city or town) Silver Springs (State or country) Md

17. INFORMANT William Raymond Fleet (Address) Camp Parole (Father)

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Silver Springs~~ Cedar Park Date 7-21, 1939

19. UNDERTAKER ~~Father William Raymond Fleet~~ Jimmy Hopkins (Address) ~~Camp Parole~~ Annapolis Md

20. FILED 7-20, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 20, (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939 to July 20, 1939

I last saw h alive on Still Born Chris; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acephalic Monster — Date of onset July 20 1939

Other Contributory Causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert H. Anderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06688

1. PLACE OF DEATH (131)

County Anne Arundel Registration Dist. No. 21

Village or City Stony Beach No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE M Foreacre If U. S. Veteran, specify WAR

(a) Residence: No. 1167 W Hamburg St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Tomas Foreacre

6. DATE OF BIRTH (month, day, and year): July 9, 1864

7. AGE: 75 yr. Years 1864 Months July Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hwf.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tobinsville Balto Co

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Emile Foreacre
(Address) 1167 W Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date July 24, 1939

19. UNDERTAKER: Ambrose Inc
(Address) 1017 W Cross St

20. FILED July 20, 1939 M.R. DeAlba
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1939 to July 19, 1939

I last saw her alive on July 19, 1939; death is said to have occurred on the date stated above, at 5.25 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Cardio-Vascular Renal Disease	
Paralysis of Lower Extremities	1937

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Paul Lubin

(Signed) 320 Patapsco Ave M.D.

(Address) Brooklyn Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06689

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel (92a) Registration Dist. No. 23

Village or City Harmon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Franklin If U. S. Veteran, specify WAR

(a) Residence: No. Harmons St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Co

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Franklin

6. DATE OF BIRTH (month, day, and year): Nov. 4, 1849

7. AGE: 68 Years, Months: 8, Days: 3, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Laborer

10. Data decaasad last worked at this occupation (month and year)

11. Total tima (years) spant in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Co Md

FATHER

13. NAME: Charles Franklin

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Ida Franklin Harmon Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Harmon Md Date: July 10, 1939

19. UNDERTAKER (Address): Katie R Williams 322 N Schroeder St

20. FILED: July 8, 1939 M. R. DeAlba Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 7th/39 (Month) (Day) 193 (Yaar)

22. I HEREBY CERTIFY, That I attended deceasad from Oct 26/38, 19, to 7/7/39, 19

I last saw him aliva on 7/6/39, 19; death is said to have occurred on the date stated above, at m. 10 30 AM

The **PRINCIPAL CAUSE OF DEATH** and related causes of importanca were as follows:

	Date of onset
Chronic Myocarditis + Endocarditis	Unknown

Other **Coatributory Causes** of importance:

Cerebral hemorrhage	7 days

Name of operation Data of

Whet test confirmed diagnosis? — Wes there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J Alexander M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

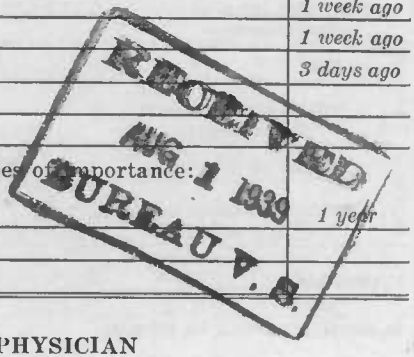
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

P6690

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (59)

County Patapsco Park Registration Dist. No. 23

Village or City A. A. Co. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert H. Franklin If U. S. Veteran, specify WAR ...

(a) Residence: No. Elizabeth Terr B Ellamont St., Ward ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

6. DATE OF BIRTH (month, day, and year) Sept 26 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Porter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto Md (State or country)

FATHER

13. NAME Phillips S. Franklin

14. BIRTHPLACE (city or town) Balto. Md (State or country)

MOTHER

15. MAIDEN NAME Helen Brown

16. BIRTHPLACE (city or town) Balto. Md (State or country)

17. INFORMANT Helen Franklin (Address) Patapsco Pk.

18. BURIAL, CREMATION, OR REMOVAL Place July 31-39 Date Mt. Calvary

19. UNDERTAKER Mrs. George H. Collard (Address) 1631 Druid Hill Ave

20. FILED July 31, 1939 Caldwell Woodruff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 28th (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to July 27, 1939

I last saw him alive on July 29, 1939; death is said to have occurred on the date stated above, at 6 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Diabetes	
Nephritis	

Other **Contributory Causes** of importance:

Coronary Thrombosis	
Embolism Cerebral	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) John J. Alexander M. D.

(Address) 1 Eutaw Bromo Bldg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06691

(213-d) NB

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 26

Village or City Churchton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Fuller If U. S. Veteran, specify WAR

(a) Residence: No. 538 - 24th St. N.W St., Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of (or)~~ WIFE of Rosa May Fuller

6. DATE OF BIRTH (month, day, and year) Nov. 28. 1912

7. AGE Years 26 Months 7 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truckman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Express truck

10. Date deceased last worked at this occupation (month and year) 7/22/39

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Mebbane, Caswell Co., North Carolina

FATHER

13. NAME John Fuller

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Adeline Richmond

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT William Fuller (Address) 1841 Kendall St. NE Wash DC

18. BURIAL, CREMATION, OR REMOVAL Place Wash DC Date July, 1939

19. UNDERTAKER R. Richardson (Address) Wash. D.C.

20. FILED July 24, 1939 J. B. Dent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 4:30 p.m. Post mortem Exam

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental Drowning	7/23/39

Other Contributory Causes of Importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/22, 1939

Where did injury occur? Chesapeake Bay off Broadwater Ck. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. In the Bay

Manner of injury Drowned

Nature of injury fell off boat

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) John M. Caffy Dep. Medical Examiner M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (I) (T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 7 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06692

1. PLACE OF DEATH (93c)

County Anne Arundel Registration Dist. No. 25

Village or City Brooklyn Park No. 101 7th Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter F. Gallion If U. S. Veteran, specify WAR

(a) Residence: No. 101 7th Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Katherine Gallion

6. DATE OF BIRTH (month, day, and year) Sept 6 1854

7. AGE Years 84 Months 10 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew Gallion

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Gallion (Address) 101 7th Ave Brooklyn Pk

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Date July 31, 1939

19. UNDERTAKER William M. Mareck (Address) 715 Light St

20. FILED July 20, 1939 Ida M. Whitsun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 27th 1939, to July 28, 1939

I last saw him alive on July 27th, 1939; death is said to have occurred on the date stated above, at 1:35 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Arteriosclerosis	1931
with Hypertension	1931

Other Contributory Causes of importance:

Myocarditis
Arteriosclerosis
with Hypertension

Name of operation None Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert W. Johnson M. D.

(Address) 3564 HANOVER STREET, BALTIMORE, MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted]Y, WITH UNFADING INK—THIS IS A PERMANENT RE[redacted]very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157) Reg. Dist. No. 21

CERTIFICATE OF DEATH

06693

1. PLACE OF DEATH:
(a) County Anne Arundel
(b) City or town Patapsco View (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Patapsco View (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: unnamed premature infant George

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1939

8. AGE: Years - Months - Days - If less than one day 8 hr. min.

9. Birthplace A. A. Co., Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph E. George
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna M. Rodey
15. Birthplace Baltimore

16 (a) Informant Joseph E. George
(b) Address P.O. Pasadena, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7-15-39 (month) (day) (year)
(c) Cemetery or crematory Magothy Cem.
Location A. A. Co.

18 (a) Funeral director none. Joseph E. George
(b) Address

19 (a) (Date rec'd by registrar) (b) L. A. Breit Registrar

MEDICAL CERTIFICATION

20. Date of death July 15 1939, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1939, to 7-15 1939, and that I last saw him alive on 7-14 1939

Immediate cause of death 1. Prematurity — Duration
2. Acute throat infection of mother
Due to
Due to
Other conditions Asphyxia requiring resuscitation
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Breit M.D. M. D. or other
Address Pasadena Date signed 7-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1939
CHAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(46-B)

06694

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Meena Creek
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Revell Street

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Alice Harlan

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~: Frank Harlan

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
about 64			hrs. min.

9. Birthplace: Cleveland, Ohio
(Town, county, and stete)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: Richard Byrne
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Kane
15. Birthplace: Ireland

16. Informant: Mrs. John Daniels

Address: 2924 Corydon Rd. Cleveland Hgt. Ohio

17. (Burial, cremation, or removal. Which?) Date thereof: Aug. 1, 1939
(month) (day) (year)

~~Cemetery or~~ crematory: Fort Lincoln

Location: Washington

18. Funeral director: John M. Taylor

Address: 149 Gloucester Street

19. 8-1-1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1939, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1939 to July 29 1939, and that I last saw her alive on July 29 1939.

Immediate cause of death	Intestinal obstruction	DURATION 2 wks
Due to	Malignancy stomach & liver	Unknown
Due to		
Other conditions	Secondary Anaemia	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: None made

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Willis Martin M D
M. D. or other

Address: Annapolis Md Date signed: 7/31/39

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

06695

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 15 days
Stay in this community (yrs., or mos., or days): ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 407 High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: JULIAN HASKINS

3. (b) Social Security Number: -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife: -------
6(c) If alive, give age: ----- years

7. Birth date of deceased (mo., day, yr.): 1902

8. AGE: Years: 37 | Months: Unknown | Days: | If less than one day: ----- hrs. ----- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof: July 29 1939 (month) (day) (year)
Cemetery or crematory: Waugh Cemetery
Location: Cambridge, Md.

16. Funeral director: H. M. St. Clair
Address: Cambridge Md

19. 7-27-39 (Date rec'd by registrar) J. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26th 19 39, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11th 19 39, to July 26th 19 39, and that I last saw him alive on July 26th 19 39.

Immediate cause of death: General paralysis of the insane — DURATION:

Due to: ----- —

Due to: ----- —

Other conditions: Hypostatic pneumonia — 5 das.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -----
Of autopsy: -----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ----- Date of:
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: ----- Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 7/26/39

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06696

1. PLACE OF DEATH

(160-B)

County A. A. Registration Dist. No. 21

Village or City Annapolis No. 175 Chestnut St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Henson If U. S. Veteran, specify WAR WITHIN CORPORATE

(a) Residence: No. 175 Chestnut St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28 1939

7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis

FATHER

13. NAME Venison Henson

14. BIRTHPLACE (city or town) (State or country) Brownswoods

MOTHER

15. MAIDEN NAME Gladis Jackson

16. BIRTHPLACE (city or town) (State or country) Mt. Calvary A. A.

17. INFORMANT (Address) Gladis Henson

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date July 31, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED 7-31, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
No Doctor present	
Primary Cause: Injury at birth. C.W.G.R.	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

Whet test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. J. Murphy (Registrar) M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]Y, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

AUG 4 1939 BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06697

V. S. No. 1

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (823)

County a—a— Registration Dist. No. 21

Village or City St Margrets Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizbeth Henson If U. S. Veteran, specify WAR

(a) Residence: No. 1 St Margret St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	Col-	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Widow —

6. DATE OF BIRTH (month, day, and year) May 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
54 yrs 2	May	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. — — — —

10. Date deceased last worked at this occupation (month and year) 15 years 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Margrets a a Co Md.

FATHER

13. NAME John Fleetwood.

14. BIRTHPLACE (city or town) (State or country) St margret a-a Co Md

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) St Margret a-a Co- Md

17. INFORMANT Irvin Henson (Address) St Margrets R. D.

18. BURIAL, CREMATION, OR REMOVAL Place Henson Burial Cemt Date 7. 27, 1939

19. UNDERTAKER E H B Parker (Address) 47 Washington St

20. FILED 7-26, 1939 J J Mumpe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 24th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 20th, 1939, to July 24th, 1939; that I last saw h— alive on July 24th, 1939; death is said to have occurred on the date stated above, at 3:40 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset July 20th 1939

Other Contributory Causes of importance:

Essential Hypertension 1937

Neme of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any wey releted to occupation of deceased? No

If so, specify

(Signed) R. L. Richardson M. D.

(Address) 1 C O — St Margrets Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ltr R L Richardson

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:	Date of onset	Example II The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
OCT. 28 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(82-a)

06698

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Md. Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 184 Gloucester St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Mary Catherine Munro. Hill

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alexander Penn Hill

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 21st 1862

8. AGE: Years 77 Months 3 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Covode C. Davis

Address: Annapolis Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 31st 1939 (month) (day) (year)

Cemetery or crematory: St Annes

Location: Annapolis Md.

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 7 31 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1939, at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1939, to July 28 1939, and that I last saw her alive on July 28 1939.

Immediate cause of death: Uraemia

DURATION: 36 hrs

Due to: Cerebral hemorrhage C.W.G.R.

Due to: Duration: from July 17th to July 28th, 1939.

Other conditions: Hemiplegia + Arterial Hypertension
(Include pregnancy within 3 months of death)

12 [illegible]

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J Oliver Purvis M. D. or other

Address: Annapolis Md. Date signed: July 29/39

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

06699

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Glen Burnie
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 9 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A. A.

City or town: Glen Burnie Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Main Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Harvey Franklyn Hitch

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife: Margaret Hitch

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 18, 1867

8. AGE: Years 71 | Months 11½ | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace: Evansville, Ind.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: George Hitch
13. Birthplace: Evansville, Ind

MOTHER
14. Maiden name: Molly Jesse
15. Birthplace: Kentucky

16. Informant: Mrs. Edward C. Armstrong
Address: Glen Burnie, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 7, 1939 (month) (day) (year)

Cemetery or crematory: Woodlawn.

Location: Baltimore Co. Md.

18. Funeral director: Thomas W. Swighton
Address: Glen Burnie, Md.

19. 6 July 1939 (Date rec'd by registrar) M. R. de Alba Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5, 1939, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1939, to July 5, 1939. and that I last saw him alive on July 5, 1939.

Immediate cause of death: Coronary thrombosis — DURATION: 1 day.

Due to: Onset about 11 AM - patient alive on first call, but died 2 hours later.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harry M. Moore M.D.
M. D. or other

Address: Glen Burnie, Md. Date signed: July 5, 1939

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21 06700

(139-C)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs

(e) Length of stay in this community (yrs., mos., or days) 6 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)

(d) Street No. 90 Johnson St (If rural give location)

(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME Sadie Honey

3 (b) If veteran, name war No

3 (c) Social Security No. ?

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 36 | Months ? | Days ? | If less than one day — hr. — min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation House Work

11. Industry or business —

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Crownsville State Hosp. Record

(b) Address Crownsville Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 6 39 (month) (day) (year)

(c) Cemetery or crematory — Brown Mill

Location Annapolis Md

18 (a) Funeral director Charles C. Hicks Jr.

(b) Address 43-45 Northwest St

19 (a) 7 6 39 (Date rec'd by registrar) (b) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. Date of death July 3rd 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13 1939, to July 3 1939, and that I last saw ~~him~~ her alive on July 3rd 1939.

Immediate cause of death Pericarditis

Due to Following Hysterectomy for prolapse of uterus. [illegible]

Due to —

Duration: Unknown; the cervix was lacerated and eroded.

Other conditions —

(Include pregnancy within 3 months of death)

Duration Since May 5th 1939

Major findings:

Of operations Hysterectomy; for prolapse of uterus.

Of autopsy None performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Date signed

RECEIVED
AUG 4 1939
BUREAU V. S.

06701

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County A. A. Co. (119) Registration Dist. No. 21

Village or City Eastport Md. No. 129 Chester St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Castile Johnson If U. S. Veteran, specify WAR

(a) Residence: No. 129 Chester St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 3, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3 months	Apr. 3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Non.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eastport Md.

FATHER

13. NAME Albert Castile

14. BIRTHPLACE (city or town) (State or country) New York city N.Y.

MOTHER

15. MAIDEN NAME Minnie Johnson

16. BIRTHPLACE (city or town) (State or country) Eastport Md.

17. INFORMANT (Address) James Johnson

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis neck Date July 13, 1939

19. UNDERTAKER (Address) Chas E. Hicks Jr. Annapolis, Md.

20. FILED 7-13, 1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 12th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from One Office visit July 10th, 1939, to ..... I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Inanition

Gastro-enteritis. Duration: one month

History = indigestion + spitting up milk about a month

Date of onset

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Russell M. D.

(Address) Eastport, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

COPY - - FOR STATISTICAL PURPOSES ONLY

07476

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Davidsonville - rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A.A.

City or town: Davidsonville - rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME --- Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	S

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4, 19421

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

Stillborn

8. Birthplace Md.
(Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Russell Jones
13. Birthplace Md.

MOTHER
14. Maiden name Virginia Pinnell
15. Birthplace Md.

16. Informant .....

Address .....

17. ..... Date thereof .....
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory .....

Location .....

18. Funeral director .....

Address .....

19. ..... 19..... .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1941 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Stillborn (6 mos.)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Md. State Health Dept.
See birth cert. M. D. or other

Address ..... Date signed .....

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 21

06702

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Crownsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Crownsville State Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs

(e) Length of stay in this community (yrs., mos., or days) 1 mo. 3 das

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 1128 N. Calhoun Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME EPHRAIM JONES

3 (b) If veteran, name war ----

3 (c) Social Security No. 0-----

4. Sex male

5. Color or race black

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife ------

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 68 Months Unknown Days If less than one day ____ hr. ____ min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hospital Records

(b) Address Crownsville, Maryland

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 7/20—9 (month) (day) (year)

(c) Cemetery or crematory Hospital

Location Crownsville Md

18 (a) Funeral director Dept.

(b) Address Crownsville

19 (a) 7/20—9 (Date rec'd by registrar) (b) E F Joyce Registrar

MEDICAL CERTIFICATION

20. Date of death July 17th 1939, at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun. 14 1919, to Jul. 17 1939, and that I last saw him alive on July 17 1939.

Immediate cause of death Lobar pneumonia — Duration 4 das.

Due to

Due to

Other conditions Epileptic

(Include pregnancy within 3 months of death)

Major findings:

Of operations ------

Of autopsy -------

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide -------

(b) Date of occurrence ------

(c) Where did injury occur? ------- (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ------- (Specify type of place) While at work?

(e) Means of injury ------

23. Signature [signature] M. D. or other

Address Crownsville, Md. Date signed 7/17/39

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06703

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel County Registration Dist. No. 21

Village or City Paradise Beach No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stephens Lanasa

(a) Residence: No. 18 E. Cross St - Balto. Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Lanasa

6. DATE OF BIRTH (month, day, and year) 11/11/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fruit Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Lanasa

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Gentile

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Miss M Lanasa

(Address) 18 E Cross St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 7/27, 1939

19. UNDERTAKER John J. Faherty Sons

(Address) 1316 Light St

20. FILED 7-23, 1939 E. A. Breit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1932 to July 23, 1939

I last saw him alive on July 23, 1939; deeth is said to have occurred on the date stated above, at 5P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1937
Other Contributory Causes of importence: Metastase to Liver	

Neme of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac Mills M. D.

(Address) 1220 N. Charles St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06704

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (953)

County A.A.County Registration Dist. No. 21

Village or City Severna Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ..CORA E. LANG .... If U. S. Veteran, specify WAR

(a) Residence: No. 8 Cromarty Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Lang

6. DATE OF BIRTH (month, day, end year) Sept. 10, 1875

7. AGE Yeers	Months	Deys	If LESS than 1 day, hrs. or min.
63	10	21	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife @ Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Theodore A. Shipley

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Cecilia ?

16. BIRTHPLACE (city or town) Maryland (Stete or country)

17. INFORMANT Miss. Edna Lang (Address) # 8 Cormarty Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug. 2/39, 19

19. UNDERTAKER F. B. Wickert + Son (Address) ..1300 EUTAW PLACE

20. FILED Aug 2, 1939 Mrs. Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JULY 31.... (Month) (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1937 to July 31, 1939

I last saw her alive on July 7, 1939; death is said to have occurred on the date steted above, at 1:30 A. M.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of importance were as follows:

	Date of onset
Asteriosclerotic Cardio-Vascular Disease:	
Coronary Thrombosis	7/31/39

Other **Contributory Causes** of Importance:

Neme of operetion Date of

Whet test confirmed diegnosis? Wes there en autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseese or injury in eny way related to occupation of deceased?

If so, specify

(Signed) D. C. MacLaughlin M. D.

(Address) 400 N. Payson Street

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 6 1929 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06705

1. PLACE OF DEATH (958)

County Anne Arundel Registration Dist. No. 21

Village or City Green Haven No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Lapristi Lapristi If U. S. Veteran, specify WAR

(a) Residence: No. Cor. Outing Ave. & 7th Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonio Lapristi

6. DATE OF BIRTH (month, day, and year): not known

7. AGE: Years 86 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Frank Caronatti

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Marie Lioni

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Santa Romano Green Haven

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cemetery Date: July 29, 1939

19. UNDERTAKER (Address): Wendell J. Lippely 408 E. Bright St.

20. FILED: July 28, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 4 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	1937
Acute Dilatation of Heart	7/27/39

Other Contributory Causes of importance:

Senility.

Name of operation: None Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? natural causes Date of injury , 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffey Dep. Medical examiner M. D.

(Address) Annapolis, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06706

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County A. A. (95E) Registration Dist. No. 21

Village or City Parole No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Larkins If U. S. Veteran, specify WAR

(a) Residence: No. Parole St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dennis Larkins

6. DATE OF BIRTH (month, day, and year): June 1855

7. AGE: Years 84; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davidsonville (State or country) Md.

FATHER

13. NAME John Snowden

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Snowden

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Elizabeth Holland (Address) 21 Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Data July 9, 1939

19. UNDERTAKER J. B. Hyson (Address) Annapolis

20. FILED 7/8, 1939 J. M. Mrsp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to July 4, 1939

I last saw her alive on July 4, 1939; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	?

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Laurence W. Greene M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1939 U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06707

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (95-b)

County: a — a — Registration Dist. No. 21

Village or City: Parole Md No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dennis Larkins If U. S. Veteran, specify WAR ____

(a) Residence: No. P O Parole Md St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Farmer

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 87. Months unknown Days unknown If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): 2 year

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Mt Zion Aaco Md

FATHER

13. NAME: James Larkins

14. BIRTHPLACE (city or town) (State or country): Lothian

MOTHER

15. MAIDEN NAME: Emily (unknown)

16. BIRTHPLACE (city or town) (State or country): Lothian Aaco

17. INFORMANT (Address): Elizabeth Hollon 21 Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place: Brewerhill Date: 7 30, 1934

19. UNDERTAKER (Address): E H B Parker 47 Washington St

20. FILED: 7 29, 1934 J. J. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1939, to July 26, 1939

I last saw him alive on July 26, 1939; death is said to have occurred on the date stated above, at 8:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease with Hypertension	?

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Lawrence W. Greene M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted], WITH UNFADING INK—THIS IS A PERMANENT RE[redacted] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06708

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

92-a

1. PLACE OF DEATH

County A. A. Co., Md., Registration Dist. No. 21

Village or City Annapolis No. 184 Chestnut St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Abbert Lee If U. S. Veteran, specify WAR

(a) Residence: No. 184 Chestnut St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): July 4 - 1886

7. AGE: Years 53 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

FATHER

13. NAME: Peter Lee.

14. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

MOTHER

15. MAIDEN NAME: Jane Watkins

16. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

17. INFORMANT (Address): Percy Payne 184 Chestnut St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burr Hill Date: July 10, 1939

19. UNDERTAKER (Address): Chas E. Hecht Jr. Annapolis Md.

20. FILED 7 7, 1939 J. J. Mimpl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 6, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5th 1939, to July 6th, 1939

I last saw him alive on July 6th, 1939; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Oedema Lungs	24 hrs
Other Contributory Causes of importance:	
Valvular heart disease	6 or 7 yrs

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) J. T. Russell M. D.

(Address) Eastport, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JUL 20 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06709

CERTIFICATE OF DEATH

(183) CB

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town Mayo (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Rhode River
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State County
City or town Washington D.C. Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 5331 Nebraska Ave (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Jose Tercero — 3. (b) Social Security Number

4. Sex: Male | 5. Color or race: White | 6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4th 1903

8. AGE: Years 36 | Months 3 | Days 4 | If less than one day hrs. min.

9. Birthplace Mexico City (Town, county, and state)

10. Usual occupation Pan American Union

11. Industry or business Travel Aid

FATHER 12. Name Juan Tercero

13. Birthplace Morelia, Mexico

MOTHER 14. Maiden name Maria Elebalde

15. Birthplace Morelia Mexico

16. Informant William Manger

Address 5331 Nebraska Ave Washington D.C.

17. (Burial, cremation, or removal. Which?) Date thereof July 9th 1939 (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director W. W. Chambers Co.

Address 1400 Chapin St. Washington D.C.

19. 7-10-1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1939, at 3:32 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939, to 1939, and that I last saw h alive on 1939.

Immediate cause of death	DURATION
Drowning	7/8/39
Due to Seizure & Cramps while Swimming.	7/8/39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 7/8/39
Where did injury occur? Mayo (City or town) A.A. (County) Md (State)
Injured at home, farm, industry, public place (where?) Rhode River
Means of injury — Injured at work? No

23. SIGNATURE John M. Claffy D.O. Medical Examiner M. D. or other
Address Annapolis Md Date signed 7/9/39

RECEIVED
AUG 4 1939
BUREAU V. S.

06710

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-7)

1. PLACE OF DEATH

County A A Registration Dist. No. 21

Village or City Annapolis Md No. 72 South Gate Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 58 yrs. ..... mos. ..... ds.

2. FULL NAME James A. Lutz

(a) Residence: No. 72 South Gate Ave St., Ward. WITHIN CORPORATE LIMITS

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B. Lutz

6. DATE OF BIRTH (month, day, and year): July 15 1862

7. AGE: Years 76 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Lutz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary M Cooper

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna B Lutz (Address) 72 South Gate Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Mary's Date July 12, 1939

19. UNDERTAKER: Ben F. Hopping (Address) Annapolis Md

20. FILED 7 11, 1939 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to July 9, 1939

I last saw him alive on July 9, 1939; death is said to have occurred on the date stated above, at 5:25 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	Not Know

Other Contributory Causes of importance:

Name of operation Laparotomy Date of 6/16/39

What last confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Walton H. Hopkins M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

(I) MARGIN RESERVED FOR BINDING

(M)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

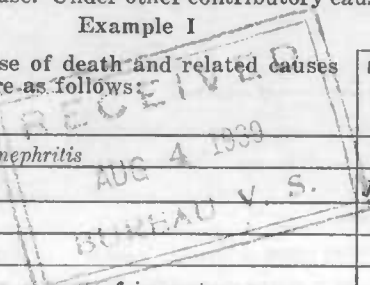
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06711

CERTIFICATE OF DEATH

(59)

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town Annapolis Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 117 Hanover St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A A.
City or town Annapolis Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 117 Hanover St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katherine M. Marey

3. (b) Social Security Number

WITHIN CORPORATE LIMITS

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William L. Marey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 11th 1865

8. AGE:

Years	Months	Days	If less than one day
74	2	22	____ hrs. ____ min.

9. Birthplace Annapolis Md
(Town, county, and state)

10. Usual occupation House

11. Industry or business

FATHER
12. Name Grafton Munroe
13. Birthplace Annapolis Md.

MOTHER
14. Maiden name Katherine Todd
15. Birthplace Annapolis Md

16. Informant Mrs Clarkston Bright
Address 117 Hanover St. Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6th 1939 (month) (day) (year)

Cemetery or crematory St Annes
Location Annapolis Md

18. Funeral director John W. Taylor
Address Annapolis Md.

19. 7-4 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1939, at 2.40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939 to July 3 1939, and that I last saw h[illegible] alive on July 3 1939.

Immediate cause of death	DURATION
Anemia Pectoris	about 30 5 yrs
Due to Diabetis Mellitus many yrs	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Allen Purnell M. D. or other
Address Annapolis Md Date signed July 8/39

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06712

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (183)

County Anne Arundel. Registration Dist. No. 21

Village or City Mago-Vista No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town whera daath occurrad 0 yrs. 0 mos. 0 ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME John V. Mattingly Jr

(a) Residence: No. 804 Inglenide Road St., Ward Catonsville Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	single

5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 16. 1935

7. AGE	Yaars	Months	Days	If LESS than 1 day, ___hrs. or ___min.
	3	6	22	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. none

10. Date decaasad last workad at this occupation (month and year) none

11. Total tima (yaars) spant in this occupation none

12. BIRTHPLACE (city or town) Ebensburg (Stata or country) Pa.

FATHER

13. NAME John V. Mattingly.

14. BIRTHPLACE (city or town) Germany (Stata or country)

MOTHER

15. MAIDEN NAME Lucy Ann Marsh

16. BIRTHPLACE (city or town) Ebensburg (Stata or country) Pa.

17. INFORMANT Sgt John V. Mattingly Jr (Address) 804 Inglenide Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Data 7-11, 1939

19. UNDERTAKER William Cook (Addrass) 1217 St Paul St.

20. FILED 7-8, 1939 L. A. Brent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 8 (Month) (Day), 193 7 (Year)

22. I HEREBY CERTIFY, That I attanded dacaased from ___, 19___, to ___, 19___

I last saw h___ alive on 11-30, 19___; daath is said to have occurrad on tha date statad above, at 1 A m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causas of importanca were as follows:

	Date of onset
Accidental Drowning	7/8/39

Othar **Contributory Causes** of importanca:

Nama of operation none Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If daath was due to extarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Accident Date of injury 7/8/1939

Where did injury occur? Off Beach (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Magothy River - Mago-Vista

Manner of injury Drowning

Natura of injury same

24. Was disaase or injury in any way ralatad to occupation of deceasad? no

If so, spacify

(Signad) John M. Daffy Dep. Medical Examiner M. D.

(Addrass) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 14 1939
U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06713

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Anne Arundel Registration Dist. No. 21

Village or City Mayo A.A.Co. Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Still birth of Naylor If U.S. veteran specify WAR

(a) Residence: No. Mayo A.A.Co. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 2, 1939

7. AGE Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mayo A.A.Co. Md

FATHER

13. NAME Richard Naylor

14. BIRTHPLACE (city or town) (State or country) Mayo A.A.Co. Md

MOTHER

15. MAIDEN NAME Agnes Tongue

16. BIRTHPLACE (city or town) (State or country) Mayo A.A.Co. Md

17. INFORMANT (Address) Richard Naylor Mayo A.A.Co. Md

18. BURIAL, CREMATION, OR REMOVAL Place Mayo Cemetery Date 7-3, 1939

19. UNDERTAKER (Address) Richard Naylor Father Mayo

20. FILED 7-3, 1939 J. J. Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 2, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 2, 1939, to ___, 19___

I last saw him alive on ___, 19___; death is said to have occurred on the date stated above, at 11 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still birth (Foot) presentation

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ambrose Garcia M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED AUG 4 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06714

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Anne Arundel — Registration Dist. No. 21

Village or City Herald Harbor — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Leo C. Newell — If U. S. Veteran, specify WAR ____

(a) Residence: No. Eddy Road St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sadie Newell

6. DATE OF BIRTH (month, day, and year) May 27. 1876

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Xylophone Player

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Soldiers Home Band

10. Date deceased last worked at this occupation (month and year) 7/12/39

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Nelson Newell

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Emma Mills

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Sadie Newell (Address) Herald Harbor

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Cemetery Date 7/14 ____, 1939

19. UNDERTAKER Francis J. Collins (Address) 3619-14th St. N.W. Wash. D.C.

20. FILED 7/12 ____, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 6.30 p.m. Post mortem Examination

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/12/39

Other Contributory Causes of importance:

Arterial Hypertension	1915

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Heart attack in Home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Wm. M. Duffy Dep. Med. Examiner M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

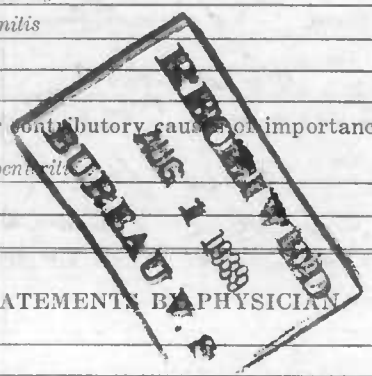
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago.*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastrocnterit[illegible]*	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06715

(8)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Ferndale, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Oden If U. S. Veteran, specify WAR

(a) Residence: No. Ferndale Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* tha word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stillborn

6. DATE OF BIRTH (month, day, and year): 27 July 1939

7. AGE: Years Stillborn Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ferndale, Md.

FATHER

13. NAME: Vernon Oden

14. BIRTHPLACE (city or town) (State or country): Anne Arundel County - Maryland

MOTHER

15. MAIDEN NAME: Olimae - Mitchell

16. BIRTHPLACE (city or town) (State or country): Blacksburg South ~~North~~ Carolina

17. INFORMANT (Address): Vernon Oden Ferndale - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Home Place Date: 27 July, 1939

19. ~~UNDERTAKER~~ (Address): Vernon Oden. Ferndale Md

20. FILED: 28 July, 1939, M.R. DeAlba Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attandad daceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to hava occurred on the date statad abova, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance ware as follows:

	Date of onset
Stillborn - 5 months	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disaasa or injury in any way related to occupation of deceased?

If so, specify

(Signed) Winslow Smith, M.D. ~~M. D.~~

(Address) Glenburnie, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 21

CERTIFICATE OF DEATH

06716

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town near Earleigh Heights
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town same
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Geraldine Oliver

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: female

5. Color or race: negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1939

8. **AGE:** Years - Months - Days 3 If less than one day hr. min.

9. Birthplace A. A. Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Henry Oliver

13. Birthplace Va.

MOTHER

14. Maiden Name Amy Skinner

15. Birthplace Baltimore

16 (a) Informant Henry Oliver

(b) Address P.O. Severna Park, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7-1-39 (month) (day) (year)

(c) Cemetery or crematory Earleigh Heights

Location

18 (a) Funeral director Geo. Hutson

(b) Address Earleigh Heights, Md

19 (a) (Date rec'd by registrar) (b) L. A. Brit Registrar

MEDICAL CERTIFICATION

20. Date of death July 1st 1939, at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death	Duration
Prematurity (7 months)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. A. Brit, M. D. (M. D. or other)

Address Pasadena Date signed 7-1-39

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06717

(183)

1. PLACE OF DEATH

County: Anne Arundel — Registration Dist. No. 21

Village or City: Gollys P.O. — No. near View Point Tavern — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred: 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Leonard G. Reiser — If U. S. Veteran, specify WAR ___

(a) Residence: No. 1140 Carroll St., Ward. Baltimore, Md.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): July 8, 1913

7. AGE: 26 Years 26 Months 11 Days 27 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cooper's helper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Cooperage business

10. Date deceased last worked at this occupation (month and year): Apr. 1939

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Reiser Jr

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dora M. Ollmann

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): John Reiser Jr. 1140 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: July 7, 1939

19. UNDERTAKER (Address): Mr. & Mrs. John W. Geisel & Son 801 W. Fayette St.

20. FILED: 7-3, 1939 L. A. Breit, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 3 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above at 8P. m.

Peter Morton Exam

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

There was no lost involved. C.W.G.P.

Accidental drowning, was swimming and became exhausted in 18 or 20 feet of water.

Date of onset: 7/3/39

Other Contributory Causes of Importance:

Weakness having been discharged from hospital 4 weeks ago

Name of operation: none — Date of: —

What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury: 7/3, 1939

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Stony Creek

Manner of injury: drowning

Nature of injury: accidental

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) John M. Claffey Dep. medical examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 8 1929
BUREAU V.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06718

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 20

1 PLACE OF DEATH
County Ca

Village or City Fair Haven (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME (Infant) Rice

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
F	W	S

6 DATE OF BIRTH 7 26, 1939
(Month) (Day) (Year)

7 AGE ____ yrs. ____ mos. ____ ds. | If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work ____
(b) General nature of industry business, or establishment in which employed or (employer) ____

9 BIRTHPLACE (State or country) ____

PARENTS

10 NAME OF FATHER Daniel Rice

11 BIRTHPLACE OF FATHER (State or country) Pa

12 MAIDEN NAME OF MOTHER Edna Rauck

13 BIRTHPLACE OF MOTHER (State or Country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Daniel Rice
(Address) Fair Haven. Md

15 Filed 7/26 1939 W. R. Clayton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7/26, 1939
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from ____ 192__ to ____, 192__,
that I last saw h ____ alive on ____, 192__,
and that death occurred on the date stated above, at 1 A m.
The CAUSE OF DEATH * was as follows:

Pneumonia

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory Secondary ____

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Lloyd W Ward M. D.
7/26 1939 (Address) Fair Haven

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death? ____
Former or usual residence ____

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fair Haven.	7/26, 1939
20 UNDERTAKER	ADDRESS
Daniel Rice.	Fair Haven,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Md

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1933

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

06719

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 yrs. 7 das.

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: ~~Anne Arundel~~

City or town: Baltimore City Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 713 Baker Street (If rural give LOCATION)

2(a) IF YETERAN, NAME WAR: --------

3. (a) FULL NAME: WILLIAM RICE

3. (b) Social Security Number: -------

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --------

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1911

8. AGE: Years: 28 Months: Unknown Days: If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER

12. Name: William Z. Rice

13. Birthplace: Maryland

MOTHER

14. Maiden name: Mary (Unknown)

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 8/3-9 (month) (day) (year)

Cemetery or crematory: Hospital Cemetary

Location: Crownsville

18. Funeral director: Supt

Address: Crownsville

19. 8/3-9 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26th 1939, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19th 1932, to July 26 1939, and that I last saw him alive on July 26th 1939.

Immediate cause of death: Chronic tuberculous peritonitis with ascites

Due to:

Due to:

Other conditions: Pulmonary tuberculosis microcephalic idiocy (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: --------

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of:

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: ----- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 7/26/39

RECEIVED
SEP 6 1939
BUREAU V. S.

06720

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: #20 Murray Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____ WITHIN CORPORATE LIMITS OF

3. (a) FULL NAME: Carrie Davis Russell

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Charles Edwin Russell

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): June 15, 1874

8. AGE: Years: 65 Months: 1 Days: 15 If less than one day _____ hrs. _____ min.

9. Birthplace: Annapolis, Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: George Davis
13. Birthplace: Md.

MOTHER
14. Maiden name: Emma Higgins
15. Birthplace: Md.

16. Informant: Mrs. James Ridout

Address: Annapolis, Md.

17. (Burial, ~~cremation, or removal, which?~~) Date thereof: Aug. 2, 1939 (month) (day) (year)

Cemetery ~~or crematory~~: Cedar Bluff Anns Cemetery

Location: Annapolis, Md.

18. Funeral director: John M. Taylor

Address: 149 Gloucester Street

19. 8-1 1939 (Date rec'd by registrar) J. J. Murray Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30, 1939, at 11.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24, 1939, to July 30 1939; and that I last saw her alive on July 29 1939.

Immediate cause of death: Cerebral Apoplexy — DURATION: Sundry

Due to: Rupture of Vessel in Cerebrum

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: Albert L. Anderson M. D. or other

Address: Annapolis Md. Date signed: 7/31/39

VS A15 (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

06721

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-C

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chase Home, Maryland Ave.

Stay in hospital or inst. (yrs., or mos., or days): Five Yrs.

Stay in this community (yrs., or mos., or days): Five Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Maryland~~ D.C. County: ~~Anne Arundel~~

City or town: ~~Annapolis~~ Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ~~Maryland Ave. (Chase Home)~~ ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
MATTYE SEDDICUM

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 5, 1859

8. AGE:

Years	Months	Days	If less than one day
80		7	____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: John S. Seddicum
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Matilda Wade
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. Richard McCulloh
Address: 408 Woodland Road, Baltimore, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 14th 1939 (month) (day) (year)

Cemetery or crematory: Long Green Cemetery, Baltimore, County.

Location

18. Funeral director: John M. Taylor
Address: Annapolis, Md.

19. 7-14 1939
(Date rec'd by registrar)

J. J. Murphy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 13 1939, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1939 to July 13 1939, and that I last saw her alive on July 12 1939.

Immediate cause of death: Acute Dilatation of Heart. Myocarditis Chr.

Due to: Intestinal Grippe

Due to:

Other conditions: Artero Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: July 12 / July 11 / unknown

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: George C Bond
M. D. or other

Address: Annapolis Md Date signed: 7-13-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 23

(95-E)

06722

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town No. Linthicum

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Lakefront Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 6

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town No. Linthicum

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** James Melvin Stewart

3 (b) If veteran, name war: NONE

3 (c) Social Security No. NONE

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Rachael

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 9-1867

8. **AGE:** Years 72 | Months 4 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore County Md.

(Town, county, and state)

10. Usual occupation Stone Mason

11. Industry or business –

FATHER

12. Name James Melvin Stewart Sr.

13. Birthplace Baltimore Co. Md.

MOTHER

14. Maiden Name Annie Turnbaugh

15. Birthplace Balto. County Md.

16 (a) Informant Mrs Willard H. Williams

(b) Address N. Linthicum Hgts Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 24, 1939 (month) (day) (year)

(c) Cemetery or crematory Black Rock Cemetery

Location Butler Md.

18 (a) Funeral director Walter R. McNamee

(b) Address 4114 Falls Road

19 (a) 22 July 1939 (Date rec'd by registrar) (b) M R De Alba D Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 21 1939, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1939, to July 21 1939, and that I last saw him alive on July 21 1939.

Immediate cause of death	Duration
Cardio Vascular Disease	Jan 10-1939
~~Due to~~ Hypertension	1 yr.
Due to	
Other conditions Arteriosclerosis	1934

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. L. Ball Jr. MD. M. D. or other

Address Linthicum Md Date signed 7-21-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06723

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel (542)

Registration Dist. No. 4

Village or City Annapolis Md. No. 801 West St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 34 yrs. 11 mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William O. Sweeney

(a) Residence: No. 801 West St., Ward.

(Usual place of abode)

IF WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25- 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lobsan

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and yaar) May 1935

11. Total time (years) spent in this occupation 1/5

f2. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

f3. NAME Thomas J. Sweeney

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie E. Faust

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nellie E. Sweeney

(Address) 801 West St Annapolis

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 10, 1939

f9. UNDERTAKER B. L. Hopkins

(Address) Annapolis Md

20. FILED 7/10, 1939 J. H. Murphy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1934 to July 8, 1939

I last saw h-- alive on July 8, 1939; death is said to have occurred on the date stated above, at 10:14 a.m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance were as follows:

	Data of onset
Tumor of Brain with	1934
paralysis of right side	
Benign tumor of brain. Cured.	
Left parietal lobe. Duration: two years.	
Other Contributory Causes of importance:	

Name of operation Removal of Tumor Data of 1938

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way relatad to occupation of decaased? No

If so, specify

(Signed) George C Bauldwin M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 4 1930
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06724

1. PLACE OF DEATH (50)

County Anne Arundel Registration Dist. No. 21

Village or City Arnold No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie A. Tate If U. S. Veteran, specify WAR

(a) Residence: No. Arnold A.A.Co. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Tate

6. DATE OF BIRTH (month, day, and year) Dec 11th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Md.

FATHER

13. NAME Sellman Anderson

14. BIRTHPLACE (city or town) Anne Arundel Co (State or country) Md.

MOTHER

15. MAIDEN NAME Sallie Tydings

16. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) Md.

17. INFORMANT Charles L. Tate

(Address) Arnold A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date July 3d, 1939

19. UNDERTAKER John M. Taylor

(Address) Annapolis Md.

20. FILED July 3, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 1 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to July 1, 1939

I last saw h alive on June 30, 1939; death is said to have occurred on the date stated above, at 2 30 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cancer of Breast	about March 1937

Other **Contributory Causes** of importance:

General Metastasis in Lungs. Pulmonary T.B.	about 3 months before death. Many years.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Oliver Turner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06725

CERTIFICATE OF DEATH (1867)

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Best Gate

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County A. A.

City or town Best Gate Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary Moss Silghman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife L. Ogle Silghman

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) October 2d 1862

8. AGE: Years	Months	Days	If less than one day
76	9	26	hrs. min.

9. Birthplace Hacketts G. A. Co. Md. (Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business

FATHER 12. Name James E. Moss

13. Birthplace Hacketts G. A. Co. Md.

MOTHER 14. Maiden name Adaline S. Melhorn

15. Birthplace Hacketts G. A. Co Md.

16. Informant L. Ogle Silghman

Address Best Gate G. A. Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30-1939 (month) (day) (year)

Cemetery or crematory Hacketts

Location Anne Arundel Co. Md.

18. Funeral director John W. Taylor

Address Annapolis Md.

19. 7 30 1939 (Date rec'd by registrar) J J Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1939 to July 28 1939 and that I last saw her alive on July 26 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 yrs
Due to Arterio Sclerosis	5 yrs
Due to Fractured Hip, due to an accidental fall. Fall on stairs in her home.	
Other conditions Broken Hip	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 2nd, 1939

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home

Means of injury Injured at work?

23. SIGNATURE J J Murphy M. D. or other

Address Annapolis Md Date signed 73039

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06725

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County A – A – Registration Dist. No. 21

Village or City Annapolis Md No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Reginald Turner If U. S. Veteran, specify WAR ___

(a) Residence: No. Parole Md St., Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col-	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
—	1939.	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Annapolis Parole

(State or country) A A Co Md.

FATHER

13. NAME Richard Turner

14. BIRTHPLACE (city or town) Annapolis

(State or country) Md.

MOTHER

15. MAIDEN NAME Alice Parker

16. BIRTHPLACE (city or town) Annapolis

(State or country) Md.

17. INFORMANT Richard Turner

(Address) Parole Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Brewershill Cem't Date 7. 16. 1939

19. UNDERTAKER E A B Parker

(Address) 47 Washington St

20. FILED 7 16 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 14, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 12 1939, to July 14 1939

I last saw him alive on July 14 1939; death is said to have occurred on the date stated above, at 9:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gastroenteritis	6 days ago

Other Contributory Causes of Importence:

Name of operation ___ Date of ___

Whet test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Neture of Injury ___

24. Wes disease or Injury in eny way related to occupation of deceased? No

If so, specify ___

(Signed) Samuel M. Reichelf M. D. M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

D. N. Richardson

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
AUG 4 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06727

STATE OF MARYLAND—CERTIFICATE OF DEATH

(183)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Selby on Bay near Mayo. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Timothy Tynes If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. Staunton. Virginia

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 5, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus, Ohio

FATHER

13. NAME Finley Tynes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anne Steiner

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT (Address) Lincoln Fairley Forest Glen, P.O. Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Stanton, Va. Date July 19, 1939

19. UNDERTAKER (Address) Lee Funeral Home Washington, D.C.

20. FILED July 17, 1939 Edw. Collinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 I last saw h alive on Post Mortem Examination, 19 ; death is said to have occurred on the date stated above, at 2:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental drowning	7/16/39

Other Contributory Causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/16, 1939

Where did injury occur? Selby-on-Bay (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury swam into deep water and went into hole

Nature of injury drowning.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffy Deputy med. examiner M. D.

(Address) Annapolis. Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06728

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Anne Arundel (210 m) Registration Dist. No. 21

Village or City Annapolis No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Adelaide A. Vincent If U. S. Veteran, specify WAR ____

(a) Residence: No. 1121 New Hampshire Ave St., ____ Ward. Washington D.C. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Floyd Holburn Vincent

6. DATE OF BIRTH (month, day, and year): Oct 20th 1902

7. AGE: Years 36 | Months 8 | Days 12 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Raymond T. Smith

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Ellen Murray

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mrs Raymond Smith 1121 New Hampshire Ave Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL: Place Washington D.C. Date July 5th, 1939

19. UNDERTAKER (Address): S. H. Hines Co. 2901-7-14th St. N.W. Washington D.C.

20. FILED July 3, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post mortem Exam., 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 2:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of Skull	7/2/39
Broken Neck	

Other Contributory Causes of importance: Automobile collision on Owensville Road, between Galesville and Owensville 2 AM

Name of operation: none Date of ____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 7/2, 1939

Where did injury occur? near Galesville, Maryland (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public road

Manner of injury: Automobile collision

Nature of injury: Fractures of Skull + neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffy, Med. Examiner A.A. Co. M. D.

(Address) Annapolis, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED AUG 4 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66729

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County A A County
City or town Shoreacres : Arnold, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County A A
City or town Shoreacres - Arnold Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Elizabeth Warner.

3. (b) Social Security Number

4. Sex	5. Color or race	6. Single, married, widowed, or divorced
F	W	Widow.

6 (b) Name of husband or wife George Warner.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 6 1854

8. AGE: Years 85 | Months 0 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Chester Penna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hamilton
13. Birthplace England

MOTHER
14. Maiden name Unknown
15. Birthplace England.

16. Informant Mrs Lillian V Dorsey
Address Shoreacres Arnold Md.

17. Burial Date thereof July 8-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenmount. Balto.
Location Baltimore Md

18. Funeral director William Cook
Address 1217 St Paul St.

19. 7 4 1939 J M Murphy.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1939, at 6.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1935 to July 4 1939, and that I last saw h alive on July 4 1939.

	DURATION
Immediate cause of death Myocardial chr. + Nephritis	4 years
Due to Hypertension	
Due to	
Other conditions Arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George A Bond M. D. or other
Address Arnold Md Date signed 7-4-39

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-2)

06730

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Chesapeake Ave

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Chesapeake Bay

Stay in this community (yrs., or mos., or days) 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1039 Cathedral St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME C. Dorsey Waters

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine L Waters

6(c) If alive, give age alive years

7. Birth date of deceased (mo., day, yr.) April 25th 1893

8. AGE: Years	Months	Days	If less than one day
46	2	24	hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Collection Agency

11. Industry or business Sole owner

FATHER 12. Name C. Dorsey Waters

FATHER 13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden name Maggie Hunter

MOTHER 15. Birthplace Balto. Md.

16. Informant Katherine L Waters

Address 1039 Cathedral St Balto Md

17. (Burial, cremation, or removal. Which?) Date thereof July 21, 1939 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Baltimore Md.

18. Funeral director N. E. Branning & Son

Address 2924 Edmondson Ave Balto Md.

19. 7 21 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__ and that I last saw h alive on Post mortem exam 19__

Immediate cause of death	DURATION
Accidental drowning	7/16/39
Due to	
Due to Capsizing of 44 ft. boat	7/16/39
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 7/16/39

Where did injury occur? Chesapeake Bay (City or town) Off Annapolis (County) (State)

Injured at home, farm, industry, public place (where?) Chesapeake Bay

Means of injury Capsized boat Injured at work? No

23. SIGNATURE John M Caffey deputy-medical examiner. M. D. or other

Address Annapolis Md Date signed 7/20/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 24 1939
BUREAU V. S.

06731

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93C)

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 8 days

Stay in this community (yrs., or mos., or days): ---

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Talbot

City or town: St. Michaels Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Street address unknown (If rural give LOCATION)

2(a) IF YETERAN, NAME WAR: -----

3. (a) FULL NAME: SAMUEL G. WATTS

3. (b) Social Security Number: -----

4. Sex: Male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Jane Watts

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1879 ?

8. AGE: Years: 60? Months: Unknown Days: If less than one day: ___ hrs. ___ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business: -----

FATHER

12. Name: Robert Watts, dead

13. Birthplace: Virginia

MOTHER

14. Maiden name: Mary Carter

15. Birthplace: Virginia

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. ~~[illegible]~~ St Michaels (Burial, cremation, or removal. Which?) Date thereof: 7 31 39 (month) (day) (year)

Cemetery or crematory: St Michaels Md

Location: ~~[illegible]~~

18. Funeral director: J. W. Marshall

Address: St Michaels

19. 7 28 39 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28th 1939, at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18th 1939, to July 28th 1939, and that I last saw him alive on July 28th 1939.

Immediate cause of death: Arteriosclerotic brain disease with hypertension — DURATION: 2 yrs.

Due to:

Due to:

Other conditions: Chronic myocarditis with decompensation (Include pregnancy within 3 months of death) — DURATION: 2 mos.

Major findings:

Of operations: -----

Of autopsy: -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ----

Means of injury: ----- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 7/28/39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#6434

Samuel G.Watts
Talbot County
Admitted June 18th, 1939
Died July 28th, 1939

06732

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (159)

County Anne Arundel Registration Dist. No. 21

Village or City Millers Ville No. Annapolis Blvd + Elvaton Rd Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Roland Wetzel If U. S. Veteran, specify WAR ____

(a) Residence: No. Millers Ville - Annapolis Blvd & Elvaton Road
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/24/39

7. AGE Years ____ Months ____ Days 22 hours If LESS than 1 day, 22 hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millersville, Md.

FATHER
13. NAME Herbert R. Wetzel
14. BIRTHPLACE (city or town) (State or country) Torney Town - Carroll County - Md.

MOTHER
15. MAIDEN NAME Elsi May Whittington
16. BIRTHPLACE (city or town) (State or country) Deale - Md.

17. INFORMANT (Address) Herbert Wetzel Millersville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Deale Date July 25, 1939

19. UNDERTAKER (Address) H. A. Hardisty & Son Galesville Md.

20. FILED 7-25, 1939 J. J. Menzies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/24/, 1939, to 7/25/, 1939

I last saw him alive on 7/24, 1939; death is said to have occurred on the date stated above, at 2:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Birth

Date of onset

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Winslow Smith M. D.

(Address) Glenburnie, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 4 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06733

1. PLACE OF DEATH (8)

County Anne Arundel Registration Dist. No. 22

Village or City Jessup, Md. R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Whitehead If U. S. Veteran, specify WAR

(a) Residence: No. (Multiple) St., Ward.

(usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of U

6. DATE OF BIRTH (month, day, and year) 7-24-39

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	Stillborn.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jessup, Md R.F.D.

FATHER

13. NAME David W. Whitehead

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

MOTHER

15. MAIDEN NAME Viola Byers

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Daniel W Whitehead (Address) Jessup. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Monteredis Date July 25 1939

19. UNDERTAKER David White-head. (Address) Jessup Md

20. FILED July 25th, 1939. Clara M. Hasleup Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 24 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7 24 1939, to 7 24 1939

I last saw him alive on 7-24, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Unknown	
Born dead & had been dead several days - no history of maternal injury	
Other Contributory Causes of importance:	
Of Deceased	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) B Ruben M. D.

(Address) Laurel, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 5 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06734

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Anne Arundel

City or town: Annapolis Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Bay Ridge Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Baby Williams

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 27th 1939

8. AGE: Years | Months | Days: 4 | If less than one day: hrs. min.

9. Birthplace: Annapolis Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER

12. Name: Lawrence E. Williams

13. Birthplace: Eastport Md.

MOTHER

14. Maiden name: Anna Jones

15. Birthplace: West Annapolis Md

16. Informant: Lawrence E. Williams

Address: Eastport Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1st 1939 (month) (day) (year)

Cemetery or crematory:

Location: Annapolis Md.

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 8 1 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27 1939, to July 31 1939, and that I last saw her alive on July 31 1939.

Immediate cause of death: atelectasis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 7-27-39 / 7-31-39

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. Lindsay M. D. or other

Address: Eastport Date signed: 8-2-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06735

(183)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Pasadena P.O. at Meadow's Park, Stony Creek St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Francis William Woolmer If U. S. Veteran, specify WAR No

(a) Residence: No. 947 Montpelier St., Ward. Baltimore, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 6, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk Typist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Aberdeen Proving Ground

10. Date deceased last worked at this occupation (month and year) July 26, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Frank L. Woolmer

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Mary J. Taylor

16. BIRTHPLACE (city or town) Prince Georges Co. Md
(State or country)

17. INFORMANT Mrs. Frank L. Woolmer
(Address) 947 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date Aug. 2nd, 1939

19. UNDERTAKER Edwin W. Catkin & Son
(Address) 924 E. Eager St.

20. FILED July 31, 1939 M. R. DeAlba
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post Mortem Examination, 19, to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning	7/30/39
Other Contributory Causes of importance:	
Dazed with cramps in 18 to 20 ft of water	7/30/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury , 19

Where did Injury occur? Stony Creek off Meadow Park
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Drowning.

Nature of Injury accidental drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Claffey Dep. Medical Examiner M. D.

(Address) Annapolis Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Goiter	*1 year*

RECEIVED
AUG 11 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN